

**OFFICE OF THE FEDERAL DEFENDER**  
**EASTERN DISTRICT OF CALIFORNIA**  
**801 I STREET, 3rd FLOOR**  
**SACRAMENTO, CALIFORNIA 95814**  
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir  
Federal Defender

Daniel J. Broderick  
Chief Assistant Defender

July 21, 2005

**FILED**

JUL 21 2005

Ms. Candace A. Fry  
Attorney at Law  
2401 Capitol Avenue, #3A  
Sacramento, CA 95816

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_  
DEPUTY CLERK

Re: **U.S. v. Elaine Esparaza**  
Cr.S-04-308-MCE

Dear Ms. Fry:

This will confirm your appointment as counsel by the Honorable Morrison C. England, U.S. District Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Esparza, E0038	3. OTHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-000308-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Esparza	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Other:	10. REPRESENTATION TYPE (See Instructions) Other

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)  
AND MAILING ADDRESS

FRY, CANDACE A.  
2401 CAPITOL AVENUE  
SUITE 3A  
SACRAMENTO CA 95816

Telephone Number: \_\_\_\_\_

## 13. COURT ORDER

- ☒ O Appointing Counsel      ☐ C Co-Counsel  
☐ F Subs For Federal Defender      ☐ R Subs For Retained Attorney  
☐ P Subs For Panel Attorney      ☐ Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she is financially unable to employ counsel and (2) does not wish to waive a right, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or

☐ Other (See Instructions)

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order 06/27/2005

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. ☐ YES ☐ NO

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ 90 ) TOTALS:						
16. Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 90 ) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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## 22. CLAIM STATUS

☐ Final Payment☐ Interim Payment Number \_\_\_\_\_☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO  
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE